

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 107009259

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED -		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4				1		
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50						
TOTAL IND.			2			
TOTAL DEP.			27			
TOTAL CLAIMS			29			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
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